Maine Conservation Corps

Trail Training Member, Veteran Community Leader, Field Team Leader, Field Team Member, Environmental Steward and Environmental Educator

- ✓ Please read over the entire application before filling it out.
- ✓ Print neatly in **blue or black ink**. (**signatures must be signed, not typed**)
- ✓ Print your full name at the bottom of each page in case pages are separated.
- ✓ If you need additional space to complete or explain an answer, use a separate sheet of paper.
- ✓ Use the checklist below to ensure that your application packet is complete.

RETURN APPLICATION TO:

Maine Conservation Corps 124 State House Station ♦ Augusta, ME 04333-0124

Please contact the Maine Conservation Corps office if you have any questions

207-624-6085 • 1-800-245-5627 (Maine only)

email: corps.conservation@maine.gov

Application Ch	ecklist (make sure the following items are	in your completed application pa	cket with origin	al signatures)	
MCC application Vehicle Use Ag Two completed Resume and Completed Transcripts from Proof of age / Copy of Social DD 214 (Veters	on form with personal motivation statemer reement form If Reference Forms – can be submitted dire over Letter (optional but highly recommen m any college listed in the application – <u>C</u> citizenship (copy of birth certificate or pass	ectly from your reference ded) Inly required for Environmental port to show you are at least 1 Sphysical labor will be	I Educator ap .8 years of ag required t	plicants e)	
		NT PROFILE			
1. Indicate the POSITION you are applying for: ☐ Trail Training Member ☐ Veteran Community Leader ☐ Field Team Leader ☐ Field Team Member ☐ Environmental Steward ☐ Environmental Educator					
2. It selected, whe	n is the earliest day you could start	Latest day yo	ou could stay	/	
3. Name					
Las	t First	Middle I.	Month	Day Year	
5. Are you a United	d States Citizen, National, or lawful Pe	rmanent Resident Alien?	☐ Yes	□ No	
6. Current Address: (All information will be sent to this address unless you notify us of a change)					
Number and Street	City	State		Zip	
Home Phone	☐Work or ☐Cell Phone	E-Mail			
Page 1 of 6		Applicant Name:			

None Community First Aid Wilderness First Ai O. Check all that apply: Currently enrolled in high school - anticipated graduation	I in? id □ Wilderness First Responder □ EMT
. What level of First Aid Training are you currently certified None Community First Aid Wilderness First Ai O. Check all that apply: Currently enrolled in high school - anticipated graduation	I in? id □ Wilderness First Responder □ EMT
.0. Check all that apply: Currently enrolled in high school - anticipated graduation	id
10. Check all that apply: Currently enrolled in high school - anticipated graduation	<u> </u>
☐ Currently enrolled in high school - anticipated graduation	n date
	n date
☐ GED ☐ Some College ☐ Associates Degree ☐	Taate Tiigii Geneel Bipiema
	☐ Bachelor's Degree ☐ Graduate Degree
certify, under penalty of law, that I have completed high sc	chool or its equivalent or will obtain a high school
diploma prior to using the education award	Signature (Required)
Program Email:	
A. Name of School	<u>· · · · · · · · · · · · · · · · · · · </u>
Location of School:City	
Major/Minor	
Type of Degree or Certificate	Date Rec'd or Expected
B. Name of School	Dates Attended to
Location of School:City	State
Major/Minor	Area of Study
Type of Degree or Certificate	Date Rec'd or Expected
LEGAI	L
Answer all the following questions. Criminal conviction/adju	udication may or may not disqualify you. Do not
nclude minor traffic violations.	
13. Have you been: convicted of any criminal offense? a jura facing charges for any offenses or are any civil suits or judge	

Applicant Name: _____

EMPLOYMENT HISTORY

A. Present/Most Recent En	mployer		From	To	
Your Title		_ Hours/Week _	Tel	.#	
Address					
	Street		City	State	Zip
Responsibilities:					
Reason for Leaving:					
B. Past Employer			_ From	To	
Your Title		_ Hours/Week _	Tel	.#	
Address				<u> </u>	
	Street		City	State	Zip
Responsibilities:					
Reason for Leaving:					
Two references are require		eople who know you	well and are fa	miliar with your	hackgr
u should not ask a family me pervisors, teachers or some	ed. Please select p ember, friend, class one else familiar w	eople who know you smate or co-worker t ith your work experie	to serve as a ref ence, academic	ference. Conside performance or	er askin comm
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Applicant Name: _____

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PERSONAL MOTIVATION STATEMENT

On a separate sheet of paper, answer the following question in essay form.

22. Why do you want to join the Maine Conservation Corps?

CERTIFICATION

Your application must be certified with your original signature in ink. Please read carefully before signing. Unsigned applications and applications with photocopied signatures cannot be considered for admission.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as a Maine Conservation Corps member. I also understand that the information provided herein may be used to process my application for acceptance into the MCC and for other general routine purposes by the Maine Conservation Corps.

I understand that the Maine Conservation Corps and any of their host sites will be checking my references to learn about my work history and personal character. I understand these references are confidential. I give my permission for the MCC and any of their host Sites to contact any person or organization that would be useful in assessing my appropriateness for the position.

in assessing my appropriateness	for the position.	person of organiz	acion chac v	- Ca.a 20 doore
Signature		 Date		
CRIMINA	L BACKGROUND CHE	CK CONSEN	Т	
I, (print name legibly, include middle	e initial)			_
SSN	tand that selection into the prog tand that I will be given an oppo s taken to exclude me from the p k will be kept confidential and w	ram is contingent rtunity to review a program. I underst	t upon the re and challeng tand that an	eview of my se the factual y information
Signature		Date		
PLEASE HELP US – How did you find	out about the Maine Conservation	on Corps program	?	
☐ Former MCC Member ☐ H.S. Guidance Counselor ☐ College/Career Planning Office			Television S Maine State Newspaper	tory Career Center
OPTIONAL INFORMATION - Econ admissions. If you would like to be	, , , , , , , , , , , , , , , , , , , ,	•	•	eference for
Including yourself, how many people	e live in your household?			
What is your total household incom	e from all sources per year? _		_	
Do you or members of your househouse No Yes, please specify:				
Do you have children who rely on you	u as their primary caretaker or fin	ancial support?	☐ No	☐ Yes
Page 4 of 6		Applicant Name: _		

TO MAINE CONSERVATION CORPS APPLICANTS

Please review this agreement and provide the required information.

Admii drivin	nistrative ang record an	nd Financial Ser Id to contact the	vices/Risk Manag Maine motor veh	gement Division icle registry. I u	
	signature		print name		date
	_		ves the right of funtil approved b		The vehicle may ement Division.
Number of fu	ıll years licens	sed: • 0 to 1	1 to 2	3 +	
Have you bee	en licensed in	any state(s) other th	an Maine within the p	east 5 years? Yes	s 🗖 No
If yes, list sta State State	ate(s) and appr	Approx. year(s) Approx. year(s) Approx. year(s)	l :		_ _ _
Have you bee	en licensed un	der any other name	within the past 5 years _ If yes, in what state	s? 🗖 Yes 🗖 No	
If you are se be asked to s years. The Di service. Upo Station, Augu	lected for the submit an office riving Record on request, drivusta, ME 0433	MCC Program and cial Driving Record must be obtained no ving records should 3-0124.	your license was issue from each state in wh o more than six mont be submitted to Maine	ed by a state other ich you were licens ths before the start of Conservation Corp	than Maine, you may ed within the past 5 of your MCC term of ps at 124 State House
within the pa		ted on the next page	e (if any), please disclo	ose any vehicle acci	dents you have had
Accident Date	# Vehicles Involved	Town and State	De	escription of Accid	ent
How long ha	ve you been a	Maine Conservation	n Corps participant?	□ New □ 1	term 2+ terms

Applicant Name:

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MAINE CONSERVATION CORPS VEHICLE USE AGREEMENT

State of Maine vehicle assigned to me from/ to shall be exclusively to fulfill the State of Maine business for which I have that I am not to use the vehicle for any other reason whatsoever (human I excepted). I agree to operate this vehicle in a safe, prudent, and lawful m worn by all vehicle occupants when the vehicle is in motion. I will not prvehicle. I will not drive this vehicle out of the State of Maine. I do truth conditional driver's license recognized as valid in the State of Maine, have year, and that my privilege to drive is not currently under suspension. I g my Maine license information and driving record and offer the following Date of Birth/ License Number & State	ife threatening medical emergencies tanner at all times. Seat belts shall be termit any other person to operate the fully state that I have an active, non-ve held such a license for at least one transport to the State to verify
One of the following MUST be checked:	
☐ (1) I do truthfully state that, in the past 5 years, my license was r or adjudicated of <u>any</u> alcohol or drug-related driving violations, such as speeding, improper passing, failure to yield right-of-way	or of <u>any</u> unsafe vehicle operations, or stop sign violations.
☐ (2) I do truthfully state that, in the past 5 years, my license was s adjudicated of the following vehicle violations (please list; attack Type of violation:	n another page if necessary):
Type of violation:	
IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS UNDERSTAND THIS DOCUMENT. BY SIGNING, YOU AGREE THAT STATEMENTS ON THIS DOCUMENT OR USE A STATE-OWNED VER PERMITTED BY THIS AGREEMENT, RISK MANAGEMENT DIVISION DECIDE NOT TO INSURE YOUR OPERATION OR USE OF A STATE-DECLINE TO DEFEND AND INDEMNIFY YOU IN THE EVENT A CLAD	TIF YOU MAKE ANY FALSE HICLE OTHER THAN AS ON IN ITS DISCRETION MAY OWNED VEHICLE AND MAY
For Maine Conservation Corps Use Onl	
▼ For Maine Conservation Corps Use Oni	y ▼
Signature and Title of Authorizing State Official Maine Conservation Corps Printed Name of Authorizing Official Printed Department/Bureau Name	Date Signed Official's Phone # 624-6085
	Official's Fax # 287-3342
☐ Pre-approval - no job has been offered at the Final approval - Job has been offered and accept ☐ Training Coordinator ☐ Senior Team Leader ☐ Field Team Leader ☐ Veteran Community Leader — Dept: ☐ Environmental Steward — Dept: ☐	oted as: eader 🗌 Field Team Member
♥ For Risk Management Division Use Only	, V
☐ Approved ☐ Not Approved ☐ Pre-Approval Only ☐ Approved with this restrict Department notified this date By: ☐ Fax ☐ Phone ☐ Other	tion:

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Applicant Name: